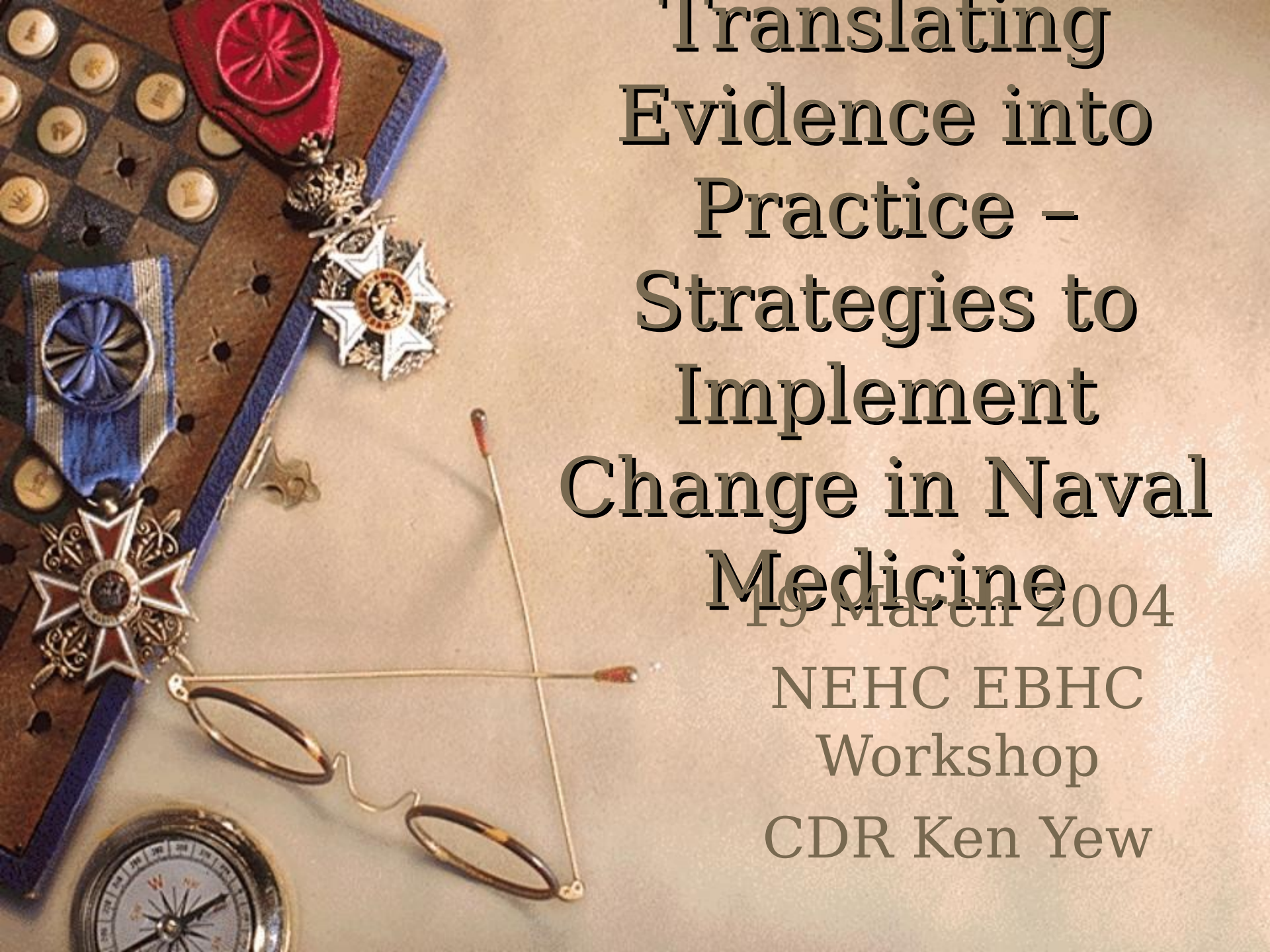

Translating Evidence into Practice – Strategies to Implement Change in Naval Medicine

19 March 2004

NEHC EBHC Workshop

CDR Ken Yew

Overview

- Navy TRIP Snapshot
- Deficits identified by system and local change models
- What is being done to address deficits identified by models?

Navy TRIP Snapshot

- Despite significant energy and resources put into CQI, guidelines and EBM
  - Impact on system-wide improvement largely unknown
  - Significant system-wide gaps in
    - Asthma
    - DM care
    - Post-MI beta-blocker use

Diagnosing the Problem – A System-wide Change Model

- Presented by Brian Mittman, VHA
  - "We have (most of) the required knowledge [to change practice], but lack the will and/or ability to apply it"
  - "Other characterizations of "the problem" (each offered with "the answer" that will *finally* produce significant practice change)"
- Model based on organizational change rather than individual behavioral change

Diagnosing the Problem – A System-wide Change Model

- Seven “necessary but not sufficient” conditions for change

1. Valid, accepted evidence
2. Evidence of care gap
3. External expectations, monitoring and pressure
4. Etiology of practices, deviations
5. Information, evidence, education
6. Professional norms
7. Feasible methods/systems

Diagnosing the Problem – A System-wide Change Model

- Needs identified for Naval Medicine?
  - Valid, accepted evidence
  - Evidence of care gap
  - External expectations, monitoring and pressure
  - Etiology of practices, deviations
  - Information, evidence, education
  - Professional norms
  - Feasible methods/systems

Diagnosing the Problem – A Local/MTF Change Model

- “Chronic Care Model” developed by Edward Wagner, GHC
- Provides a basis for individual MTF disease management plan and local assessment

Diagnosing the Problem – A Local/MTF Change Model

- Six functional areas for deploying and maintaining MTF disease management programs:
  - Leadership
  - CPG's and metrics
  - Disease management reengineering
  - Program deployment
  - Education
  - Marketing

Diagnosing the Problem – A Local/MTF Change Model

- Needs identified for Naval Medicine:
  - Leadership
  - CPG's and metrics
  - Disease management reengineering
  - Program deployment
  - Education
  - Marketing

Initiatives to address TRIP deficits – Clinical Metrics

- Four clinical metrics included in BUMED Business Plan
  - HEDIS Asthma medication metric
  - HEDIS Diabetes metrics
    - HbA1c > 9.5%
    - LDL-C < 130
  - HEDIS Mammography metric
- FY04-05 goal > HEDIS 90%tile
- Addresses external pressure, sustainment

Initiatives to address TRIP deficits – Population Health Navigator

- Provides patient Action Lists for the four clinical metrics included in BUMED Business Plan
- Addresses metrics and systems to support TRIP

Initiatives to address TRIP deficits – EBHC Advisory Board (EBHAB)

- Inaugural meeting Sept 2003
- Membership – IM, Peds, FP, CE, Nursing research, Pharmacy, HSO, NEHC, NMIMC, IM/Informatics, BUMED
- Potential to influence 5 of 7 conditions identified by Mittman

Initiatives to address TRIP deficits – EBHAB

- “Promote Medical Informatics”
- EBHAB Website – May 2004
  - Clinical library
  - Toolbox for medical informatics
  - EBHC Training
  - CPG’s
- Work with NMIIMC to improve Telelibrary functionality

Initiatives to address TRIP deficits – EBHAB

- “Collaborate with clinical advisory boards”
- Resource for evidence reviews, metrics and CPG’s
- Examples:
  - Health Promotion AB – evidence review for smoking cessation and obesity therapy
  - Perinatal AB – Uncomplicated Prenatal Care CPG
  - Review of available Diabetes CPG’s

Initiatives to address TRIP deficits – EBHAB

- “Influence the training of clinical and administrative staffs in evidence based healthcare”
- NEHC EBHC Workshop
- Possible future efforts:
  - NMETC Clinic Management Workshop
  - Repository for Navy EBHC training aids/best practices
  - Collaboration with Nursing Research Community

Initiatives to address TRIP deficits– Disease Management Action Teams

- Asthma and Diabetes Action Teams
- SME’s from across Navy
- Goal to develop:
  - Tools
  - Standards
  - Training
  - Forms/Policies
- Target completion date: June 2004
- Addresses feasible methods, education, disease management reengineering

Summary

- “Quality gap” has persisted in Navy despite prior efforts
- Why we are more likely to succeed where others have failed: Multifaceted, coordinated sustained effort – clinical metrics, policies, tools, education
- Evidence-based Healthcare Advisory Board represents a new effort supporting TRIP, informatics, advisory boards and EBHC training

Questions & Discussion